



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
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March 31, 2010

TomWhittemore, Administrator
Communicare, Inc #8 Lincoln
40 West Franklin Road, Suite F
Meridian, Idaho 83642

RE: Communicare, Inc #8 Lincoln, Provider #13G062

Dear Mr. Whittemore:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Communicare, Inc #8 Lincoln, on March 23, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

Tom Whitemore, Administrator
March 31, 2010
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within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **April 13, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Mroz', with a long horizontal flourish extending to the right.

TOM MROZ
Health Facility Surveyor
Fire Life Safety & Construction Program

TM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/30/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2010
NAME OF PROVIDER OR SUPPLIER COMMUNICARE, INC #8 (LINCOLN)			STREET ADDRESS, CITY, STATE, ZIP CODE 1128 N. LINCOLN JEROME, ID 83338		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	INITIAL COMMENTS		K 000		
	<p>The facility is a single story, type V (III) building built in October 1998. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in all habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for 8 (eight) beds. The facility was surveyed on March 23, 2010 in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability. The survey was conducted under 42 CFR 483.470.</p> <p>The following deficiency was cited:</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>			<p>RECEIVED</p> <p>APR 09 2010</p> <p>FACILITY STANDARDS</p>	
KS046	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD		KS046	KS046	4/30/10
	<p>Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1</p> <p>This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that the emergency lighting be maintained in operating condition</p> <p>The findings include:</p>			<p>The emergency light operated properly for the last monthly Preventive Maintenance Check. The battery and or the complete fixture will be replaced. We will then follow our normal procedure and the light will be tested on a monthly and annual basis in keeping with the directions</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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KS046	Continued From Page 1 Observation on March 23, 2010 at 2:45 p.m., disclosed that a battery powered emergency lighting unit in the hallway by the office was inoperative. Actual NFPA standard: NFPA 101, Chapter 7, § 7.9.2.1 Emergency illumination shall be provided for not less than 1 ½ hours in the event of failure of normal lighting.		KS046	we have received and the results noted on the Monthly Preventative Maintenance Check list by the home AQ.	

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G062	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2010
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M 000	16.03.11 Initial Comments		M 000		
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MM309	16.03.11.110 Fire and Life Safety Standards		MM309		
	<p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by:</p> <p>Refer to CMS federal form 2567 and K tag K046</p>				

RECEIVED

APR 09 2010

FACILITY STANDARDS

Refer to K046

[Signature]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

4-8-10